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Behavioral Health Screening in Primary Care: A Rapid Review of Strategies

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Introduction

- The purpose of this study is to examine the evidence of five strategies for behavioral health screening in primary care using a rapid review methodology
- We define screening as the identification of unrecognized behavioral health needs in an apparently asymptomatic patient population by means of self-reported measures

Literature Review

- Behavioral health conditions are prevalent in the general population
  - Patients use of primary care to address their behavioral health needs has also increased
- Screening rates for behavioral health conditions in a clinical setting are less than the prevalence rates
  - The difference in screening rates (recommended vs actual) is impacted by age groups
  - USPSTF provides recommendations following evidence-based practices
  - Current USPSTF guidelines are limited to single conditions; do not include comorbidities, lifestyle, and peripheral screening strategies (frequency, medium, interpretation, documentation)

Literature Review

- Literature for screening: A summary
  - Limited guidance for operationalizing in primary care (universal screening, BH condition priority for screening)
  - AHRQ has established screening as an established role in primary care with integrated behavioral health
- Evidence for behavioral health screening effectiveness, selection, timing, and implementation are unclear

Methods: Overview

- 5 separate rapid reviews based on approaches to screening included in the Practice Integration Profile (PIP)

1. Screening for 1+ behavioral health condition(s) via standardized process
2. Use of practice-level data to screen populations at risk for complex or special needs
3. Screening for behavioral conditions related to a medical problem
4. Screening for lifestyle or behavioral risk factors
5. Presenting screening results and recommendations

Methods: Selection Criteria

- Adapted Rapid Evidence Assessment of the Literature (REAL) methodology
- PubMed search conducted January 2019
- Iterative process testing search strings with Boolean operations
- Inclusion criteria:
  - Clinical trial examining efficacy or effectiveness
  - Quantitative data analysis specific to strategy of interest
  - Data specific to adult primary care patients
  - English-language publication in peer reviewed journal

Methods: Review Process

- Title & abstract screening
- Full-text review & extraction
- Risk of bias assessment
  - Modified Cochrane Collaboration's Risk of Bias tool (YS & MM)
- Evaluation & synthesis of evidence
  - Categorized as effective, ineffective, or unclear evidence

Results

- Initial search = 804 references found
- After title/abstract and full text review, data extracted from 34 references
- Total references reviewed = 34

Results

1. *We screen eligible patients for at least one BH condition using a standardized procedure (n=12)*
    1. In 11 of 12 studies, screening was **not** the focus of investigation or was only used to determine inclusion
    2. Five reported improvement in intervention group

Results

2. *We use practice-level data to screen for patients at risk for at least one complex or special need (n=1)*
    1. One study reported rate of identifying tobacco use was statistically higher in clinics that had a centralized registry, but no significant differences in quit rates

Results

3. *Patients are screened at least annually for at least one behavioral condition related to a chronic medical problem (n=2)*
    1. Screening was not the focus of investigation for either study
    2. Of the two studies, one reported screening and intervention was effective in reducing risky sexual behavior

Results

4. *Patients are screened at least annually for lifestyle or behavioral risk factors (n=6)*
    1. Of the six studies, three reported an improvement in testing, behavior scores, or goal setting

Results

5. *Screening data are presented to clinicians prior to (or at) patient encounters with recommendations for patient care (n=13)*
    1. Of the 13, four reported positive increases in depression recognition, diagnoses, psychotropic medications, referrals, or overall care utilization
    2. Of the four, two studies report improvement in health outcomes

Results

- Summary
  - Most studies did not measure screening as the primary outcome
  - 13 of 34 studies reported positive health outcomes for screening + intervention
  - There is some evidence supporting sharing of screening data with other clinicians
- Out of 34 studies, 19 (56%) had 3 or more "HIGH" risk indicators for barriers (out of 5 possible barriers); 26 (76%) had at least two “HIGH” risk indicators

Discussion

- Evidence that supports screening strategies as part of behavioral health integration is scarce and sometimes biased
- Many published studies that include screening strategies did not test the effectiveness of screening
  - Instead, many studies used screening as an assumed part of care
  - We don’t know if screening strategies improve patient or population health outcomes
- We need more high-quality studies to enrich the literature and more “rapid reviews” for dissemination
- Clinicians need to know which screening strategies will help improve meaningful, patient-centered outcomes

Strategic Questions for Planning Screening Studies

- Is universal screening more effective than targeted screening?
- Are some behavioral health conditions more likely to result in treatment initiation when followed by a positive screen?
- What engagement strategies, following a positive screen, increase the likelihood of treatment initiation?
- What implementation factors (such as planning, training, monitoring, sustaining, *etc.*) are associated with treatment initiation?

Thank you!

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